

Substitute for PTO/SB/21 (07-06)"Transmittal Form"
Approved for use through 09/30/2006. OMB 0651-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ation Number 10/695 242

Application Number

October 27, 2003

Hamilton 1636

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Guzo		
13	Attorney Docket Number	GFI-109	

Filing Date

Art Unit

First Named Inventor

ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/decla Extension of Time R Express Abandonme Information Disclo Certified Copy of Pr Document(s) Response to Missing Incomplete Applicat	ration(s) equest nt Request sure Statement iority Parts/ ion	Drawing(s) Licensing Petition Petition to Provision Power of Change of Terminal Request for	s) -related - Conversal Appli Attorner f Corres Disclair	Papers rt to a cation y, Revocation pondence Add ner			o Tech Appeal Appeal Appeal Proprie Status I Other E	communication to Board cals and Interferences Communication to TC Notice, Brief, Reply Brief) tary Information Letter Cinclosure(s) (please below):
Response to Missing Parts under 37 CFR 1.52 or 1.53								
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	SIGNATU	JRE OF APPL	ICANT	. ATTORNE	Y. OR	AGE	NT	
Name John David Reilly				Registration No				
Signature							Date	1/23/2007
CERTIFICATE OF TRANSMISSION/MAILING								
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Typed or printed name Nancy E. Yorke								
Signature	Raneix	yorke_			Date	Janua	ıry 23, 2	2007
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PATENT CASE NO. GFI-109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: <u>HAMILTON</u>
Serial No. 10/695,243
Filed October 27, 2003
Group Art Unit 1636
Examiner Guzo

For: ENDOMANNOSIDASES IN THE MODIFICATION OF **GLYCOPROTEINS IN EUKARYOTES**

Transmitted herewith is an amendment in the above-identified application.

X	No	additional	fee	is	requi	red.
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The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	*38	-	** =	0 X	\$50	=0.00
Independent Claims	*4	-	***=	X	\$200	=0.00
Multiple Dependent Claims					\$360 ****	=
			TOTAL ADDITIONAL F	0.00		

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
- ** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

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MERCK & CO., INC

Reg. No. 43,039

Attorney

Respectfull

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Date: January 23, 2007

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